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CONFIRMATION NO. 7806

<b>SERIAL NUMBER</b> 10/809,877	<b>FILING OR 371(c) DATE</b> 03/26/2004 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1645	<b>ATTORNEY DOCKET NO.</b> NC 84,641
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**\*\* CONTINUING DATA \*\*\*\*\***  
 This appln claims benefit of 60/457,940 03/28/2003

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
 \*\* 06/11/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY IL	SHEETS DRAWING 1	TOTAL CLAIMS 27	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met. after Allowance				
Verified and Acknowledged Examiner's Signature: <i>[Signature]</i> Initials: <i>[Initials]</i>				

**ADDRESS**  
22245

**TITLE**  
Rapid immunoassay of anthrax protective antigen in vaccine cultures and bodily fluids by fluorescence polarization

<b>FILING FEE RECEIVED</b> 1026	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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